

SCSD Medication Administration Record

(To be completed for each medication)

School Year _____

Name of Student _____

Grade/Home Room (or Teacher) _____

Name of Medication, Dose & Route _____ **Date Started** _____ **Physician order** _____

Comments: _____ **Date Stopped** _____ **Parent permission** _____

Directions: Initial with time of administration; a complete signature and initials of each person administering medications should be included below.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| September | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|--|------------------|----------------|------------------|-----------------------------|
| Initial (of person administering medication) | Signature | Initial | Signature | Codes |
| 1. _____ | _____ | 5. _____ | _____ | (A) Absent |
| 2. _____ | _____ | 6. _____ | _____ | (O) No Show |
| 3. _____ | _____ | 7. _____ | _____ | (E) Early Dismissal |
| 4. _____ | _____ | 8. _____ | _____ | (W) Dosage Withheld |
| | | | | (F) Field Trip |
| | | | | (X) No School |
| | | | | (N) No Medication Available |

Use reverse side for reporting significant information (e.g. observations of medication's effectiveness, adverse reactions, reason for omission, plan to prevent future "no shows".)